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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney	y Docket No.	000309.00005	0
First Na	med Inventor	Michael B. McGraw	8
Original	Patent Number	5,836,995	563
Original	Patent Issue Date	November 17, 1998	986
Title F	Portable Muscle	Stimulator with Pulse Width Control	

APPLICATION FOR REISSUE OF: Utility Patent	Design Patent ☐ Plant Patent					
APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231					
1. Fee Transmittal Form (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS					
, , , , , , , , , , , , , , , , , , , ,	7. □ Transfer drawings from Patent File					
2. Specification and claims	8. □ Foreign Priority Claim (35 U.S.C. 119)					
3. Drawing(s)	9. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations					
	10. □ English Translation of Reissue Oath/Declaration					
4. Reissue Oath or Declaration (copy from parent appln.)	11. □ Small Entity Statement(s) Statement filed in prior application. Status still proper and desired.					
	12. □ Preliminary Amendment					
5. Original U.S. Patent already surrendered in parent appln.	13. White Advance Serial No. Postcard					
Offer to surrender original-patent (copy from parent appln.)	14. Other:					
^{or} □ Ribboned Original Patent Grant						
☐ Affadavit / Declaration of Loss						
6. Original U.S. Patent currently assigned?						
■ Yes □ No						
if yes, check applicable boxes (all documents copied from parent appln.)	` .					
Written Consent of all Assignees						
■ 37 C.F.R. §3.73(b) Statement Power of Attorney						
15. CORRESPONDENCE ADDRESS						
BLANK ROME COMISKY & MCCAULEY LLP THE FARRAGUT BUILDING SUITE 1000 900 17™ STREET, NW WASHINGTON, DC 20006 TEL (202) 530-7400 FAX (202) 463-6915						

Name:	Michael C. Greenbaum	Registration No.:	28,419
Signature:	/////	Date:	4/24/00
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

000309.00005

		Claims as	filed - Part 1				20.	
Claims in Patent	For	Number Filed in Reissue Application	Number Extra		Rate		Fee	9 1
42	Total Claims	14 `	0	×	\$18	=	\$0.00	
6	Independent	1	0	×	\$78	=-	\$0.00	
	<u> </u>		Basic F	ee (37 (CFR 1.16	S(h))	\$690.00	
<u> </u>			Total	of above	calculat	ions	\$690.00	
■ Reduction by 50% for filing by small entity						ntity	\$-345.00	
				Tota	d Filing	Fee	\$345.00	

	Claims Remaining After Amendment (after any cancellation)	Highest Number Previously Paid For	E	ktra Claims		Rate		Fee
Total Claims	·	-	=	0	×	\$18]=	\$0.00
Independent		-	=	0	×	\$78]=	\$0.00
	·			Total of a	bove o	calculation	ons	\$0.00
		□ Re	duction	by 50% for fili	ng by	small er	ntity	\$0.00
				Tota	l Add	itional F	ee	\$0.00

	Please charge Deposit Acc	ount No. 23-2185 in the amount of \$345.00 A duplicate copy of this sheet is enclosed.
	The Commissioner is hereb credit any overpayment to I	by authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or Deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.
0	A check in the amount of	to cover the filing/additional fee is enclosed.

THE FARRAGUT BUILDING SUITE 1000 900 17[™] STREET, NW WASHINGTON, DC 20006 TEL (202) 530-7400 FAX (202) 463-6915 Michael C. Greenbaum (Reg. No. 28,419)

Signature of Applicant, Attorney or Agent of Record

Typed or printed name



Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional)

0309.002/P

	0303.002/F
7.	
This is part of the application for a reissue patent b	and an the section
Name of Patentee(s)	ased on the original patent identified below.
Michael B. McGPAW and William	\
- aron runipoj	RUX Date Patent Issued
5,836,995 Title of Invention	November 17, 1998
PORTABLE MUSCLE STIMULATOR WITH	
I am the inventor of the original patent.	CONTROL
I offer to surrender the original patent.	
1. X Filed herein is a certificate under 37 CFR	(3.73(b).
 Ownership of the patent is in the inventor been made. 	r(s), and no assignment of the patent has
One of boxes 1 or 2 above must be checked.	
The written consent of all assignees owning an und this application for reissue.	ivided interest in the original patent is included in
Signature Mucha DR MC M.	Date 4/2/09
william allant	4/7/77
yped or printed name Michael B. McG	RAW
William D. Duy	
The assignee owning an undivided interest in said and	International Rehabilitation
	100 101 101 16155UE.
hereby declare that all statements made harrisging	
statements made on information and belief are believere made with the knowledge that willful false states	red to be true; and further that these statements
ne or imprisonment or both under 19 U.S.C. 4004	ments and the like so made are punishable by
eopardize the validity of the application, any patent is	and that such willful false statements may
	based thereon, or any patent to which this
ame of assignee	
International Rehabilitative Scie	ences Inc
ignature of person signing/for assignee	Date
Mil I en /	A 1 - 1000
ped or printed name and title of person signing for a	ssignee
KICK TERRELL - PRESIDE	

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/PatentOwner_ International Rehabilitative Sciences, Inc.
Application No./Patent No.: 5,836,995 Filed/Issue Date: November 17, 1998
Entitled: PORTABLE MUSCLE STIMULATOR WITH PULSE WIDTH CONTROL
International Rehabilitative
Sciences, Inc. ,a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:
1. X the assignee of the entire right, title, and interest; or
2. an assignee of an undivided part interest
in the patent application/patent identified above by virtue of either:
A. [X] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel7858, Frame _0297, or for which a copy thereof is attached.
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
To: The document was recorded in the Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
2. From: To: To: To: The document was recorded in the Patent and Trademark Office at
Reel, Frame, or for which a copy thereof is attached.
3. From: To:
The document was recorded in the Patent and Trademark Office at
Reel, Frame, or for which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supplemental sheet.
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]
The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.
APRIL 5, 1999 Rik Levell - PRESIDENT Signature
RICK TERRELL Typed or printed name
PRESIDENT
Title

Number REISSUE APPLICATION FEE TRANSMITTAL FORM 000309.00005 Claims as filed - Part 1 Claims in Number Filed in Reissue For Number Extra Patent Application Rate Fee 42 **Total Claims** 0 \$18 \$0.00 14 6 Independent 1 0 \$0.00 \$78 Basic Fee (37 CFR 1.16(h)) \$690.00 Total of above calculations \$690.00 ■ Reduction by 50% for filing by small entity \$-345.00 **Total Filing Fee** \$345.00

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	Claims Remaining After Amendment (after any cancellation)	Highest Number Previously Paid For	E	xtra Claims		Rate		Fee
Total Claims		-	=	0	×	\$18	=	\$0.00
Independent		-	=	0	×	\$78		\$0.00
				Total of a	bove	calculation	ons	\$0.00
		□ Re	duction	by 50% for fili	ng by	small en	ntity	\$0.00
				Tota	al Add	litional F	ee	\$0.00

Please charge Denosit Account	No. 23-2185 in the amount of	\$345.00	A duplicate copy of this sheet is enclosed

■ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.

П	A check in the amount of	to cover the filing/additional fee is enclosed.
_	A CHECK III the amount of	to cover the illing/additional ree is enclosed.

24,2000

Date

Signature of Applicant, Attorney or Agent of Record

Michael C. Greenbaum (Reg. No. 28,419)

Typed or printed name

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